

## DoD Space Planning Criteria for Health Facilities

### Medical Administration

#### 2.5.1 PURPOSE AND SCOPE:

This section provides guidance for the space planning criteria for the patient administration activities in DoD medical facilities. Patient Administration includes TRICARE offices, admissions & dispositions, inpatient and outpatient records sections, and transcriptions.

#### 2.5.2. DEFINITIONS:

**Administrative Personnel:** Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

**Admission and Disposition Clerk:** A medical records technician, who interviews patients being admitted to the hospital or Medical Center and who creates the inpatient record and all documents necessary for the admission.

**Ambulatory Surgery Records** Ambulatory surgery records are called “Extended Ambulatory Records” but are treated the same as inpatient records and stored with inpatient records in a hospital or medical center. In a freestanding clinic with ambulatory surgery service, these records are managed and stored the same as inpatient records.

**Birth Clerk:** The birth clerk is responsible for birth related records such as birth certificates and counseling/applications for social security numbers.

**Cashier:** The cashier is the person responsible for receiving, holding and disbursing cash to and from hospital or Medical Center patients as a result of diagnostic care or treatment.

**Decedent Affairs Clerk:** The decedent affairs clerk is the person responsible for the administrative details (survivor counseling, paperwork and notifications) incidental to the death of a patient.

**Extended Ambulatory Records (EAR):** Extended Ambulatory Records are the records used to document ambulatory or “same day” surgery and observation status. These records are treated in the same manner as an inpatient record and they are kept on file for the same period of time as an inpatient record. They are stored within the inpatient records room, or a similar secure area.

**Inpatient Records:** Inpatient records exist in hospitals and in clinics (where they keep records of active duty members admitted to civilian medical treatment facilities). They provide a record of diagnosis and treatment. Service regulation and Retention Schedules govern the creation and maintenance of inpatient records. The International Classification of Diseases largely governs the coding of the diagnoses and procedures. The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is designed for the classification of morbidity and mortality information for statistical purposes, for the indexing of hospital records by disease and operation, and for the data storage retrieval. The clinical modification of the ICD-9 was developed by the National Center for Health Statistics for use in the United States. While each of the three services have their own patient record forms and separate training for patient administration technicians, who work with records, the recording within records of diseases and procedures is done in accordance with the ICD-9-CM. (See <http://www.icd-9-cm.org>).

**MEDICARE Eligible:** A patient who is 65 years of age or older and is qualified for federal reimbursement for healthcare.

**Outpatient Records:** Outpatient records provide a record of diagnostic and treatment encounters of ambulatory patients in the clinic or a hospital or in a freestanding clinic. Outpatient records are maintained

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(filed) separately from inpatient records and may be kept in a hospital, Medical Center or a freestanding clinic.

**Third Party Collection:** Third party collection is that effort to obtain payment for health care services from other than the patient. The first two parties to a health care encounter are the patient and the provider or the organization, which the provider represents. The third party (not existing in all cases) is a payer other than the patient. Third Party payers may be insurance companies, employers or, in some case, governmental agencies.

**TRICARE:** A Tri-Service managed care program that provides all health care for DoD beneficiaries within a DoD geographical region. It integrates Medical Treatment Facilities (MTF) direct care and TRICARE civilian provider resources by forming partnerships with military medical personnel and civilian contractors. There is typically both a military TRICARE section and a TRICARE Service Center (TSC) run by civilian contractors in every MTF. Planners must review the regional TRICARE contract to determine if specific amount of minimum space for the contractor is stated for the TSC. Note: TSC space is not necessarily in the same area as Medical Administration. Military TRICARE sections are separate and distinct from TSC's.

#### **2.5.3. POLICIES:**

**Patient Records.** Patient records in DoD facilities will be created, managed and stored in a manner, which maintains patient privacy. Outpatient records will be stored in a single area or may be stored in multiple areas but they are located in dedicated rooms and kept from other records such as inpatient records. Extended Ambulatory Records will be kept as inpatient records and will be separate from outpatient records, even if created and stored in a freestanding clinic.

**Patient Family Waiting:** Supports several functions of the medical administrative sections/offices. Most patient using these areas will be seen by A&D clerks, Air Evac. Clerks, and Special Action/ Correspondence clerks. Sizes listed are for each independent function. These are three independent sections/offices that may be co-located. Co-location of these functions could reduce the overall size

#### **2.5.4. PROGRAM DATA REQUIRED**

Projected number of non-MEDICARE eligible outpatient records?  
 Projected number of MEDICARE eligible outpatient records?  
 Number of decedent affairs clerks?  
 Length of holding period for inpatient records?  
 Number of FTE, Admission and Disposition Clerks?  
 Projected number of admissions annually?  
 Number and positions of personnel in TRICARE Service Center (TSC)?  
 Number and positions of personnel in military TRICARE section?  
 Number of physicians on the staff of the hospital or medical center?  
 Number of Liaison personnel from Services other than the Service of the MTF?  
 Number of patient record clerks, FTEs, working in outpatient records?  
 Number of patient record clerks, FTE, working in inpatient records?  
 Are ambulatory surgery services provided?  
 Projected number of Extended Ambulatory Records?  
 Will high-density file storage systems be used for records storage?  
 List the administrative personnel to ensure a total personnel count.

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FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

#### **2.5.5. SPACE CRITERIA (for Hospitals and Medical Centers and for free-standing clinics which maintain EAR's)**

##### **2.5.5.1. Patient Administration Office**

Coordinate the terms below, since each service may have service specific terminology for various medical administration functions.

Chief of Patient Administration	OFA01	11.15	120	Private office, standard furniture. Per projected FTE.
	OFA02	11.15	120	Private office, System furniture.
NCOIC/LCPO/LPO	OFA01	11.15	120	Per projected FTE.
	OFA02			
Medical Records Clerk(s)	OFA03	5.57	60	Minimum. System Furniture, Cubicles. Per projected FTE medical records clerks.
Storage Room	SRS01	5.57	60	One per Patient Administration Department.
Admission/Disposition Interview Window	PAIA1	5.57	60	Minimum of two. One per staffed window.
Treasurer	OFA03	11.15	120	Per projected FTE.
Cashier Window	CASH1	5.57	60	Secure room with a payments window
Patient Counseling Room	OFA01	11.15	120	One per Patient Administration Department.
	OFA02			
Birth Clerk Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Patient Advocate Waiting Area	WRCO1	7.43	80	80 nsf minimum, add and additional 40 nsf for each FTE patient advocate greater than one.
Patient Advocate Office	OFA01	11.15	120	One office per FTE.patient advocate
	OFA02			
Decedent Affairs Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Benefits Counselor Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Patient Baggage Storage	SRPB1	11.15	120	Secure room for patient luggage
Medical Board/Disability Board or Physical Evaluation	OFA03	5.57	60	Per projected FTE.
Service Liaison Office	OFA01	11.15	120	Minimum. If FTE greater than two, provide 60 nsf for each additional (Army, Navy, Air Force, and Marine Corps) Service representative attached to the hospital.
	OFA02			
Third Party Collection Clerk(s)	OFA03	5.57	60	Per projected FTE.
AeroMedical Evacuation Clerk(s)	OFA03	5.57	60	Per projected FTE.
Record Coding Room	MRWK1	11.15	120	Minimum. Add an additional 60 nsf per medical coding clerk greater than two.
Medical Statistics and Quality Assurance Section	MRWK1	11.15	120	Minimum. .Add an additional 60 nsf per clerk greater than two.

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		m <sup>2</sup>	nsf	

#### 2.5.5.1. Patient Administration Office - Continued

Patient / Family Waiting.	WRC01	9.29	100	For freestanding clinic, that maintains EARS. Maximum.
		18.58	200	For hospitals with up to 100 average daily inpatients.
		37.16	400	For hospitals with more than 100 average daily inpatients.
Toilets	TLTU1		varies	See Section 6.1

**2.5.5.2. TRICARE Service Center (TSC)** (in freestanding Clinics, Hospitals, and Medical Centers) Planner must review the regional TRICARE contract to determine if specific minimum space requirements exist (minimum amount of space that the government is required to provide the contractor).

TSC Director Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Secretary w/ Visitor Waiting	SEC01	11.15	120	Per projected FTE.
Administrative Cubicle	OFA03	5.57	60	Minimum. Per projected FTE.
Forms/Literature Storage	SRS01	5.57	60	One per TSC Office.
TSC Patient Interview Window	PAIA1	5.57	60	Minimum of two. One per staffed window. May be shared with Military TRICARE.
TSC Service Consultant Office	OFA01	11.15	120	Per TRICARE Service Consultant projected FTE. Examples – Benefits Advisors, Nurse Managers, Utilization Managers, etc.
	OFA02			
TSC Waiting Area	WRC01	5.57	60	Minimum. Provide two seats for each FTE TSC Service Consultant.
TSC Reception/ Information	RECP3	11.15	120	Combine with waiting area.

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#### **2.5.5.3. Military TRICARE** (in freestanding Clinics, Hospitals, and Medical Centers)

TRICARE Director Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
NCOIC/LCPO/LPO Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Secretary w/ Visitor Waiting	SEC01	11.15	120	Per projected FTE.
Administrative Cubicle	OFA03	5.57	60	Minimum. Per projected FTE.
Forms/ Literature Storage	SRS01	5.57	60	One per Military TRICARE.
Patient Interview Window	PAIA1	5.57	60	Minimum of two. One per staffed window. May be shared with TRICARE Service Center.
TRICARE Consultant(s) Office	OFA01	11.15	120	Per projected FTE Military TRICARE Service Consultant. Examples - Benefits Advisors, Nurse Managers, Utilization Managers, etc.
	OFA02			
TRICARE Waiting Area	WRC01	5.57	60	Minimum. Provide two seats at 16nsf each for per FTE Military TRICARE Service Consultant.
TRICARE Reception	RECP3	7.43	80	Combine with waiting area.

#### **Inpatient Records** (in hospitals and Medical Center and clinics with ambulatory surgery service)

Inpatient Records File Room	MRS01	18.58	200	Minimum. Fixed Shelving. See formula below in para. 2.5.5.7
	MRS02			Minimum. Moveable Shelving. See formula below in para. 2.5.5.7
Ambulatory Surgery Records	MRS01	9.29	100	Minimum. See formula in para. 2.5.5.7. for Inpatient Records
	MRS02			
Records/ Air Evacuation Work Area	MRWK1	18.58	200	One per records room. Includes copy machine.
Admission and Discharge (A&D) Cubicle	PAIA1	5.57	60	One "privacy booth" per projected A&D Clerk FTE.
Patient Record Clerks	OFA03	5.57	60	Per projected FTE.
Medical Records Transcription Room	MRT01	5.57	60	Per projected FTE.
Physician Work Room	WRCH1	11.15	120	Minimum for a facility with less than 50 beds. Increase to 180 nsf if MTF has greater than 50 inpatient beds.

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#### **2.5.5.5. Outpatient Records** (in any Medical Treatment Facility)

Records Window	RECP1	5.57	60	Minimum, One per Outpatient Records area for the dispensing/collection of records. Area may be distributed inside and outside of the records area window. This space can be decentralized to the Primary Care Clinic.
NCOIC/LCPO/LPO/SMT Office	OFA01	11.15	120	Per projected FTE. This space can be decentralized to the Primary Care Clinic.
	OFA02			
Record Clerk Cubicle	OFA03	5.57	60	Minimum. 40 nsf per Medical Records clerk during peak staffing shift. Comment - This accounts for large facilities that run several shifts in this area. This space can be decentralized to the Primary Care Clinic.
Personnel Reliability Program (PRP) Office	OFA03	11.15	120	Per projected FTE PRP clerk. This space can be decentralized to the Primary Care Clinic.
Outpatient Records Storage	MRS01	11.15	120	Fixed Shelving. Minimum. If outpatient records are stored in Patient Administration, see formula in para. 2.5.5.7. This space can be decentralized to the Primary Care Clinic.
	MRS02			Movable Shelving. See above.

#### **2.5.5.6. Central Appointments Office.** (In any Medical Treatment Facility with a Central Appointment staff)

Central Appointments Director Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Central Appointments Clerk Cubicle	OFA03	5.57	60	Per clerk during peak staffing shift. Comment - This accounts for large facilities that run more than one appointment shift.
Central Appointments Staff Lounge	SL001	9.29	100	Minimum. Only for areas with eight or more clerks. Add 5 nsf for each five clerks over 10.

#### **American Red Cross**

Red Cross Director	OFA01	13.01	140	One when Red Cross Director assigned.
	OFA02			
Red Cross Secretary w/ Visitor Waiting	SEC01	11.15	120	One when secretary FTE documented, space for secretary and visitor waiting.
Volunteer Staff Lounge	SLOO1	13.01	140	Provide one Red Cross lounge when volunteer count exceeds ten.
Volunteer Staff Personal Property Locker	LR001	1.86	20	Minimum. Provide two nsf for every projected volunteer on duty at one time in excess of ten. Maximum of 100 nsf.

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#### **2.5.5.7. Formulas.**

*Note: Concerning all records storage areas: If a high-density file storage system (space saver) is planned, the net square footage may be reduced by 44.8%.*

*Formulas for Patient Records Storage Areas:*

#### **Formulas for Inpatient Records and Extended Ambulatory Records Storage Areas:**

***Inpatient/EAR Records:  $NSF = (\text{annual admissions}) \times (\text{maximum year records are retained factor}) \times (\text{inches of records per admission}) \times (0.055 \text{ NSF})$***

*Note: Because measurement of these records is based on an actual measurement of records on hand, there is not a requirement to calculate MEDICARE eligible records separately.*

#### **STEPS:**

1. *Project the number of admissions and ambulatory surgery procedures in medical facility annually.*
2. *Determine the number of years this facility will retain active records and apply the appropriate factor:*
  - Factor = 3, if not required to maintain records for two years.*
  - Factor = 6, if required to maintain records for five years.*
  - NOTE: As a rule medical centers retain records for five years and other hospitals retain records for two years.*
3. *Calculate the inches of record per admission, often a fraction of an inch. Count the number of inpatient records in a typical sample of 50 inches of records (4 foot - 2 inches) of records. This is a measure of the thickness of the records. The fifty inches of records would be 50 inches if staked on top of each other. Divide 50 inches by the number of records in the stack 50 inches high - i.e. you will arrive at average thickness of a record (inches per record).*
4. *0.055 is a conversion factor (square foot per inch), which converts inches of records into square feet of floor space needed to store the records in shelving that is 3 feet wide and 6 shelf units high and includes the aisle space to file and retrieve records.*
5. *Insert the appropriate numbers and factors in the formula and calculate the required net square feet (nsf).*

*Note: Inactive records are sent to the National Treatment Records Center.*

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**Formula for Outpatient Records Storage Areas:**

Note: Concerning all records storage areas: If a high-density file storage system (space saver) is planned, the net square footage may be reduced by 44.8%.

**Outpatient Records Room:  $NSF = (\text{projected number of records}) / (\text{linear feet conversion factor}) \times (0.06 \text{ square feet per linear feet, shelf factor})$**

*NOTE: This formula must be calculated separately for MEDICARE eligible patients and for non-MEDICARE eligible patients using a different linear feet conversion factor and different projected numbers of records.*

**STEPS:**

1. From the beneficiary population to be served, project the number of non-MEDICARE eligible patient records that require file space.
2. Use a linear feet conversion factor of 16 records per linear foot for non-MEDICARE patients.
3. Insert the appropriate numbers and calculate the formulas.
4. If the MTF is providing care to MEDICARE eligible patients, then also calculate additional space using the same formula as follows.
5. From the beneficiary population to be served, project the number of MEDICARE eligible patient records that require file space.
6. Use a linear feet conversion factor of 8 records per linear foot.
7. Insert the appropriate numbers and calculate the formulas.
8. Combine the NSF of space required for MEDICARE and non-MEDICARE eligible patients to obtain the total outpatient files storage area required.